

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

042

1000

1429

63-047134

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED DEC 23 1963

1. PLACE OF DEATH

a. COUNTY

Buchanan

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Kansas

b. COUNTY Doniphan

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN St. Joseph

Length of stay in 1b

7 Weeks

c. CITY

OR TOWN

Troy

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Methodist Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

ADDRESS

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Thomas

Middle

N.

Last

Pollard

4. DATE OF DEATH

Month

Dec. 13

Day

1963

Year

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3/26/1886

9. AGE (last birthday)

77

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Agriculture

11. BIRTHPLACE (City and state or country)

Polo Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Alec Pollard

13b. MOTHER'S MAIDEN NAME

Martha Morgan

14. NAME OF HUSBAND OR WIFE

Maud Pollard

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

84

17. INFORMANT

Address

Mrs Pete Negozio St. Joseph Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Asystolia

INTERVAL BETWEEN ONSET AND DEATH

4 weeks

DUE TO (b)

Renal failure

6 weeks

DUE TO (c)

Diabetes Mellitus

2+ years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a)

Arteriosclerotic Heart Disease, Diastolic ulcer

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9/8/63 to 12/13/63 and last saw her alive on 12/13/63

Death occurred at 8:50 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

H. A. Curran

M.D.

22b. ADDRESS

1302 Faraon St Joseph Mo

22c. DATE SIGNED

12/17/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

12/13/63

23c. NAME OF CEMETERY OR CREMATORY

Mt. Olive

23d. LOCATION (City, town, or county)

Troy Kansas

(State)

24. FUNERAL DIRECTOR

ADDRESS

Wm B. Libbette Troy Kansas

25. DATE RECD. BY LOCAL REG.

Dec. 19, 1963

26. REGISTRAR'S SIGNATURE

Mrs Clark Standell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

H. A. Curran, M.D.

VS 300
Rev. 4/59

15117

28150

3

4 0

5 2

6

7 0

8 0

9260X

10

11

12 2-0

13 1-0

12-14-63

FILED DEC 18 1963

Permit issued 12-14-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

For by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vernon B. Silbitt

Licensed Embalmer No. 5235

P. O. Address Tray Nansen

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.